

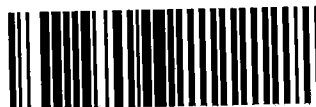
# PRIORITY MAIL EXPRESS

**FLAT RATE  
ENVELOPE**  
ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,  
scan the QR code.



USPS.COM/PICKUP



PS10001000006



**UNITED STATES  
POSTAL SERVICE®**

**PRIORITY  
MAIL  
EXPRESS®**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (334) 790-1178

Shawn Rice / Best Capital Services  
P.O. Box 93  
Cohutta, Ga 30710

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available\*)
- ☐ 10:30 AM Delivery Required (additional fee, where available\*)

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

US Bankruptcy Court - Clarke Office  
Clarkson S. Fisher US Courthouse  
402 East State St  
Trenton, NJ 08608

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

**PEEL FROM THIS CORNER**

EP13F May 2020  
OD: 12 1/2 x 9 1/2

UNITED STATES  
POSTAL SERVICE®

1007



08608

AMOUNT

**\$26.35**

R2305M147502-05



EJ 331 195 044 US

JSE

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 30720	Scheduled Delivery Date (MM/DD/YY) Loss Guar 2-23-21	Postage \$ 26.35	
Date Accepted (MM/DD/YY) 2-23-21	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 26.35	
Weight 4 lbs. 4 ozs.	Acceptance Employee Initials [Signature]		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature [Signature]
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, MARCH 2019

PSN 7690-02-000-9996



**UNITED STATES  
POSTAL SERVICE**